



State of Delaware

CARDHOLDER AGREEMENT

1. The undersigned parties hereby certify that the applicant is an employee of the referenced organization within the State of Delaware and request that JPMC Bank establish a State of Delaware VISA CARD account in the name of the employee.
2. **The employee agrees to use this card ONLY for State of Delaware approved purchases and travel and agrees NOT TO CHARGE PERSONAL PURCHASES.**
3. The Division of Accounting and/or the Auditor of Accounts will audit the use of this card and take appropriate action on any discrepancies or misuse. The use of this card to make personal or unauthorized purchases is grounds for discipline up to and including termination of employment in accordance with the State of Delaware Merit Rules and the Delaware Code. The cardholder is personally liable to reimburse the State in the full amount, including any interest or penalty, for any personal or unauthorized purchases in addition to any discipline which may be imposed,
4. If the Visa Card is lost or stolen, the Cardholder must immediately notify JPMC Bank at their Customer Service number **1-800-270-7760**.
Cardholder must also immediately notify their Organization Coordinator.

I have read the above agreement and understand the conditions for the use of this State Card.

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|--------------------------------|---------------|-----------------------|--|
| _____ Employee Signature | _____ Date | _____ Organization | _____ Employee Name (Print) |
| _____ Coordinator Signature | _____ Date | _____ Organization | _____ Coordinator Name (Print) |
| _____ Signing Authority | _____ Date | _____ Organization | _____ Name of Signing Authority (Print) |